

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322 4. Contact Name: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-30080-00 6. County: WELD
 7. Well Name: ABBEY Well Number: D01-29
 8. Location: QtrQtr: NWNW Section: 1 Township: 3N Range: 64W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORBARA-CODELL Status: PRODUCING
 Treatment Date: 07/26/2011 Date of First Production this formation: 07/28/2011
 Perforations Top: 6644 Bottom: 6852 No. Holes: 96 Hole size: 0
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Frac'd the Niobrara-Codell w/ 274446 gals of Silverstim and Slick Water with 493,400#'s of Ottawa sand.
 The Codell is producing through a Composite Flow Through Plug.
 Commingle the Niobrara and Codell.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/05/2011 Hours: 19 Bbls oil: 70 Mcf Gas: 156 Bbls H2O: 22
 Calculated 24 hour rate: _____ Bbls oil: 70 Mcf Gas: 156 Bbls H2O: 22 GOR: 2228
 Test Method: FLOWING Casing PSI: 700 Tubing PSI: 0 Choke Size: 010/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1283 API Gravity Oil: 50
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Eileen Roberts
 Title: Regulatory Specialist Date: _____ Email: eroberts@nobleenergyinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)